

**COSTS FOR GROUP BENEFIT PLANS
FIELD REGULAR FULL-TIME & REGULAR PART-TIME (30-39 HOURS) GUAM TEAM MEMBERS**

MEDICAL BENEFIT PLAN (vision is included in the cost of medical)

	Bi-Weekly Paid
You Only	\$31.75
You + One	\$63.51
You + Family	\$98.58

DENTAL BENEFIT PLAN

	Bi-Weekly Paid
You Only	\$5.82
You + One	\$11.63
You + Family	\$17.12

LONG TERM DISABILITY PLAN

The Plan provides for a monthly benefit amount equal to 60% of one's regular earnings.

Rate per \$100 of Coverage		Rate per \$100 of Coverage	
Age	Bi-Weekly	Age	Bi-Weekly
Less than 25	\$0.078	45 – 49	\$0.360
25 – 29	\$0.078	50 – 54	\$0.503
30 – 34	\$0.98	55 – 59	\$0.599
35 – 39	\$0.152	60 – 64	\$0.533
40 – 44	\$0.258	65+	\$0.386

GROUP OPTIONAL TERM LIFE PLAN (1 times up to 8 times January 1 annualized earnings)

Rate per \$1,000 of Coverage		Rate per \$1,000 of Coverage	
Age	Bi-Weekly	Age	Bi-Weekly
Less than 25	\$.014	45 – 49	\$.042
25 – 29	\$.017	50 – 54	\$.062
30 – 34	\$.021	55 – 59	\$.114
35 – 39	\$.024	60 – 64	\$.180
40 – 44	\$.028	65 – 69	\$.277
		70+	\$.554

Formula: Insurance base x 1,2,3,4,5,6,7,8 round up to nearest thousand x amount for age Div 1000

DEPENDENT SPOUSE TERM LIFE PLAN

Rate per \$1,000 of Coverage Rate/1000		Rate per \$1,000 of Coverage Rate/1000	
Age	Bi-Weekly	Age	Bi-Weekly
Less than 25	\$0.023	45 – 49	\$0.069
25 – 29	\$0.028	50 – 54	\$0.106
30 – 34	\$0.038	55 – 59	\$0.198
35 – 39	\$0.042	60 – 64	\$0.305
40 – 44	\$0.046	65 – 69	\$0.586
		70+	\$0.951

Spouse/Domestic Partner — \$10,000 to \$100,000 in increments of \$10,000

Formula: Insurance base **times** amount for age of Spouse/Domestic Partner **divided by** 1000 based on above table.

DEPENDENT CHILD TERM LIFE PLAN

\$ 5,000 (\$.212 bi-weekly per \$1,000 of coverage); or
\$10,000 (\$.425 bi-weekly per \$1,000 of coverage); or
\$20,000 (\$.849 bi-weekly per \$1,000 of coverage).